



NEXUS LIGATOR ORDER FORM

ACCOUNT NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_

ORDER CONTACT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SHIP TO ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

CUSTOMER PURCHASE ORDER: \_\_\_\_\_ ORDER DATE: \_\_\_\_\_

QTY	CATALOG#	DESCRIPTION	PRICE	TOTAL PRICE
	N1101	10 Nexus® Hemorrhoid Ligators	\$700 / box	\$
<b>Includes 10 individually packaged lighted anosopes</b> (Please check only one):				
<input type="checkbox"/> CATALOG # S1890 Slotted anosopes (18mm x 90mm)		<input type="checkbox"/> CATALOG # S2396 Slotted anosopes (23mm x 96mm)	<input type="checkbox"/> CATALOG # B18103 Beveled anosopes (18mm x 103mm)	

SHIPPING OPTIONS (please check only one):  
 UPS GROUND (Provided free of charge – please allow 5-6 business days from processing).  
 If you prefer expedited delivery, please choose from one of the options below:  
 UPS NEXT DAY / by 8:30am     UPS NEXT DAY / by 10:30am     UPS NEXT DAY / by 3pm  
 UPS 2 DAY DELIVERY     UPS 3 DAY DELIVERY

*\*Please note you will be invoiced for expedited shipping.*

PAYMENT OPTIONS (please check only one):  
 Invoice     Visa     MasterCard     AMEX  
 Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Security code \_\_\_\_\_

**To ensure prompt shipment of your order, please return the completed form to our Customer Service Department.**

- By fax: 636-333-1011
- By email: [info@inxmedical.com](mailto:info@inxmedical.com)

*\*Please note that all orders placed after 12 noon CST will be processed the next business day.*

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_